



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 9, 2007

Debra Kamphaus, Administrator
Happy Kamper
11217 Barden Tower Drive
Boise, ID 83709

License #: RC-784

Dear Ms. Kamphaus:

On August 30, 2007, a Fire Life Safety Survey was conducted at Happy Kamper. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

MARK GRIMES
Team Leader
Health Facility Surveyor
Facility Fire Safety and Construction Program

MG/lj

c: Mark Grimes, Supervisor, Facility Fire Safety and Construction Program



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September 11, 2007

Debra Kamphaus, Administrator
Happy Kamper
11217 Barden Tower Drive
Boise, ID 83709

Dear Ms. Kamphaus:

On August 30, 2007, a Fire Life Safety Survey was conducted at Happy Kamper. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 29, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes", with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R784	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2007
NAME OF PROVIDER OR SUPPLIER HAPPY KAMPER		STREET ADDRESS, CITY, STATE, ZIP CODE 11217 BARDEN TOWER DR BOISE, ID 83709		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 30, 2007. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

DY5U21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Happy Kamper	Physical Address 11217 Burden Tower	Phone Number 376-7782
Administrator Debby Kamphaus	City Boise	ZIP Code 83709
Survey Team Leader MARK GRIMES	Survey Type Fire/Life Safety	Survey Date 8/30/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	250.15	<u>Call System</u> : The facility intercom system consists of Two (2) single station intercoms between upstairs & downstairs staff quarters. There is no coverage for sleeping rooms or bathrooms.		
2	750.01	<u>Fire Drills</u> : Fire drill records are being filled out prior to the date of the drill. Resident #3 is not documented to have participated in any drills. One resident discharged on 2/15/07 and is indicated on record as participating through 11/25/07. Records presented for 8/23/07 - 9/23/07 - 10/18/07 - 11/26/07		
3	750.04e	<u>Fire Extinguishers Annual Maintenance</u> : Downstairs extinguisher tag is missing. Upstairs tag is last service date of February 06 with no monthly check notations		

Response Required Date 9/30/07	Signature of Facility Representative 	Date Signed 8-30-07
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